Hometown Veterinary Hospital

NEW CLIENT FORM

Thank you for giving us the opportunity to care for your pet(s).
So that we may become better acquainted, please complete the following:

CLIENT INFORMATION Date _____

Name _____ Spouse's/Co-owner Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Work Phone _____ Cell Phone_____

E-Mail Address (ask about your free Pet Portal)_____

How did you become aware of our clinic? □ Drove by □ Yellow Pages □ Internet □ Other _____

□ Personal Recommendation *(Whom may we thank?)* _____

	PET # 1	**PET # 2**	**PET # 3**
NAME			
BREED			
COLOR			
DATE OF BIRTH or AGE			
SEX; SPAYED OR NEUTERED?			
YOUR DOG'S VACCINATION HISTORY:			
Your Dogs Vaccinations were given last by (Clinic Name):			
Date:			
Allergies or long term medical problems?			
Special Diet or Medications?			
YOUR CAT'S VACCINATION HISTORY:			
Your Cats vaccinations were given last by (Clinic Name):			
Date:			
Allergies or long term medical problems?			
Special Diet or medications?			

All Fees Are Due At The Time Services Are Rendered Today

Please indicate choice of payment. □ Cash / Check □ Visa □ MasterCard □ Discover □ Care Credit

I hereby authorize the veterinarian to examine, prescribe for, or treat the above-described pet(s). **I assume responsibility for all charges incurred in the care of this animal**. I also understand that these charges will be paid at the time of release and that a deposit may be required for treatment.

Signature of owner_____ Date_____

Record release: Sometimes boarding facilities, groomers, referral hospitals, etc. may request records to be faxed. We are asking at this time for your consent to do so if requested. _____Yes _____No (initial your choice)